
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 403

Date: DECEMBER 17, 2004

CHANGE REQUEST 3606

SUBJECT: January 2005 Update of the Hospital Outpatient Prospective Payment System (OPPS): Billing for Devices that do not have Transitional Pass-Through Status, and that are not Classified as New Technology Ambulatory Payment Classification (APC) Groups

I. SUMMARY OF CHANGES: This Recurring Update Notification describes changes to billing for devices that do not have transitional pass-through status, and are not classified as new technology APCs. The January 2005 OPSS OCE and OPSS PRICER will reflect the changes identified in this notification. The instruction to install the January 2005 OPSS PRICER was provided in Change Request 3586, Transmittal 385, dated 12/03/04. The instruction to install the January 2005 OPSS OCE was provided in Change Request 3583, Transmittal 387, dated December 3, 2004. Unless otherwise noted, all changes addressed in this notification are effective for services furnished on or after January 1, 2005.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 1, 2005

IMPLEMENTATION DATE: January 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	4/Table of Contents
N	4/61/Billing for Devices that do not have Transitional Pass-Through Status, and that are not Classified as New Technology Ambulatory Payment Classification (APC) Groups
N	4/61/61.1/Requirements that Hospitals Report Device Codes on Claims on Which They Report Specified Procedures (Includes Table 1 – HCPCS Codes for Devices to be Reported, as Applicable on the Same Claim as Procedure Codes in Which Devices are Used)
N	4/61/61.2/Edits for Claims on Which Specified Procedures are to be Reported With Device Codes (Includes Table 2 – Procedures for Device Code Edits)

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 403	Date: December 17, 2004	Change Request 3606
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SUBJECT: January 2005 Update of the Hospital Outpatient Prospective Payment System (OPPS): Billing for Devices that do not have Transitional Pass-Through Status, and that are not Classified as New Technology Ambulatory Payment Classification (APC) Groups

I. GENERAL INFORMATION

A. Background: This Recurring Update Notification describes changes to billing for devices that do not have transitional pass-through status, and are not classified as new technology APCs. The January 2005 OPPS OCE and OPPS PRICER will reflect the changes identified in this notification. The instruction to install the January 2005 OPPS PRICER was provided in Change Request 3586, Transmittal 385, dated December 3, 2004. The instruction to install the January 2005 OPPS OCE was provided in Change Request 3583, Transmittal 387, dated December 3, 2004. Unless otherwise noted, all changes addressed in this notification are effective for services furnished on or after January 1, 2005.

Under the OPPS, we package payment for an implantable device into the APC payment for the procedure performed to insert the device. Because the pass-through status of so many device categories expired at the end of CY 2002, we discontinued the codes that had been established to report pass-through devices in CY 2003. However, we have found that the claims we use to set payment rates for APCs that require devices (“device-dependent” APCs) frequently have packaged costs that are much lower than the cost of the device associated with a procedure. We attribute this anomalous cost data in part to variable hospital billing practices. Therefore, to improve the specificity of claims data, we reestablished device codes and encouraged hospitals, on a voluntary basis, to report device codes and charges on claims for services associated with devices in CY 2004. Our goal is to base payment for device-dependent APCs under the OPPS on single bill claims data, without adjustment for erratic data.

B. Policy: Effective January 1, 2005, hospitals paid under the OPPS (bill types 12X and 13X) that report procedure codes that require the use of devices must also report the applicable HCPCS codes and charges for all devices that are used to perform the procedures as indicated in Pub.100-04, Chapter 4, §61.

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
3606.1	Contractors shall follow the provider education requirements as noted in Section IC above.	X	X						

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2005 Implementation Date: January 3, 2005 Pre-Implementation Contact(s): Marina Kushnirova or mkushnirova@cms.hhs.gov Post-Implementation Contact(s): Regional Office	Medicare contractors shall implement these instructions within their current operating budgets.
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***Unless otherwise specified, the effective date is the date of service.**

Medicare Claims Processing Manual

Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS)

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(Rev. 403, 12-17-04)

[Crosswalk to Old Manuals](#)

61 - Billing for Devices that do not have Transitional Pass-Through Status, and that are not Classified as New Technology Ambulatory Payment Classification (APC) Groups

61.1 - Requirements that Hospitals Report Device Codes on Claims on Which They Report Specified Procedures (Includes Table 1-HCPCS Codes for Devices to be Reported, as Applicable, on the Same Claim as Procedure Codes in Which Devices are Used)

61.2 - Edits for Claims on Which Specified Procedures are to be Reported With Device Codes (Includes Table 2-Procedures for Device Code Edits)

61 - Billing for Devices that do not have Transitional Pass-Through Status, and that are not Classified as New Technology Ambulatory Payment Classification (APC) Groups

61.1 Requirement that Hospitals Report Device Codes on Claims on Which They Report Specified Procedures

(Rev. 403, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

Effective January 1, 2005, hospitals paid under the OPSS (bill types 12X and 13X) that report procedure codes that require the use of devices must also report the applicable HCPCS codes and charges for all devices that are used to perform the procedures where such codes exist in Table 1. This is necessary so that the OPSS payment for these procedures will be correct in future years in which the claims are used to create the APC payment amounts.

Tables 1 and 2 are available in Excel format on the OPSS Web page at www.cms.hhs.gov/providers/hopps/2005fc/1427fc.asp, as supporting documentation to the 2005 OPSS. Table 1, as printed, is sorted by HCPCS code. Table 2, as printed, is sorted by APC.

Table 1: HCPCS Codes for Devices to be Reported, as Applicable, on the Same Claim as Procedure Codes in Which Devices Are Used

Procedure Code	Long Descriptor	Short Description
C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	Anchor/screw bn/bn,tis/bn
C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL	Cath, trans atherectomy, dir
C1715	BRACHYTHERAPY NEEDLE	Brachytherapy needle
C1716	BRACHYTHERAPY SOURCE, GOLD 198, PER SOURCE	Brachytx source, Gold 198
C1717	BRACHYTHERAPY SOURCE, HIGH DOSE RATE IRIDIUM 192, PER SOURCE	Brachytx seed, HDR Ir- 192
C1718	BRACHYTHERAPY SOURCE, IODINE 125, PER SOURCE	Brachytx source, Iodine 125
C1719	BRACHYTHERAPY SOURCE, NON-HIGH DOSE RATE IRIDIUM 192, PER SOURCE	Brachytx sour,Non-HDR Ir-192
C1720	BRACHYTHERAPY SOURCE, PALLADIUM 103, PER SOURCE	Brachytx sour, Palladium 103
C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)	AICD, dual chamber

Procedure Code	Long Descriptor	Short Description
C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)	AICD, single chamber
C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL	Cath, trans atherec, rotation
C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY)	Cath, translumin non-laser
C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	Cath, bal dil, non-vascular
C1727	CATHETER, BALLOON TISSUE DISSECTOR, NON-VASCULAR (INSERTABLE)	Cath, bal tis dis, non-vas
C1728	CATHETER, BRACHYTHERAPY SEED ADMINISTRATION	Cath, brachytx seed adm
C1729	CATHETER, DRAINAGE	Cath, drainage
C1730	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER ELECTRODES)	Cath, EP, 19 or few elect
C1731	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE ELECTRODES)	Cath, EP, 20 or more elec
C1732	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTOR MAPPING	Cath, EP, diag/abl, 3D/vect
C1733	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR MAPPING, OTHER THAN COOL-TIP	Cath, EP, othr than cool-tip
C1750	CATHETER, HEMODIALYSIS, LONG-TERM	Cath, hemodialysis, long-term
C1751	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE (OTHER THAN HEMODIALYSIS)	Cath, inf, per/cent/midline
C1752	CATHETER, HEMODIALYSIS, SHORT-TERM	Cath, hemodialysis, short-term
C1753	CATHETER, INTRAVASCULAR ULTRASOUND	Cath, intravas ultrasound
C1754	CATHETER, INTRADISCAL	Catheter, intradiscal
C1755	CATHETER, INTRASPINAL	Catheter, intraspinal
C1756	CATHETER, PACING, TRANSESOPHAGEAL	Cath, pacing, transesoph
C1757	CATHETER, THROMBECTOMY/EMBOLECTOMY	Cath, thrombectomy/embolect
C1758	CATHETER, URETERAL	Catheter, ureteral

Procedure Code	Long Descriptor	Short Description
C1759	CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY	Cath, intra echocardiography
C1760	CLOSURE DEVICE, VASCULAR (IMPLANTABLE/INSERTABLE)	Closure dev, vasc
C1762	CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	Conn tiss, human(inc fascia)
C1763	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	Conn tiss, non-human
C1764	EVENT RECORDER, CARDIAC (IMPLANTABLE)	Event recorder, cardiac
C1765	ADHESION BARRIER	Adhesion barrier
C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER THAN PEEL-AWAY	Intro/sheath, strble, non-peel
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)	Generator, neurostim, imp
C1768	GRAFT, VASCULAR	Graft, vascular
C1769	GUIDE WIRE	Guide wire
C1770	IMAGING COIL, MAGNETIC RESONANCE (INSERTABLE)	Imaging coil, MR, insertable
C1771	REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	Rep dev, urinary, w/sling
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	Infusion pump, programmable
C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL DEVICES)	Ret dev, insertable
C1775	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, FLUORODEOXYGLUCOSE F18 (2-DEOXY-2-[18F]FLUORO-D-GLUCOSE), PER DOSE (4-40 MCI/ML)	FDG, per dose (4-40 mCi/ml)
C1776	JOINT DEVICE (IMPLANTABLE)	Joint device (implantable)
C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)	Lead, AICD, endo single coil
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	Lead, neurostimulator
C1779	LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS	Lead, pmkr, transvenous VDD
C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)	Lens, intraocular (new tech)

<i>Procedure Code</i>	<i>Long Descriptor</i>	<i>Short Description</i>
<i>C1781</i>	<i>MESH (IMPLANTABLE)</i>	<i>Mesh (implantable)</i>
<i>C1782</i>	<i>MORCELLATOR</i>	<i>Morcellator</i>
<i>C1783</i>	<i>OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE</i>	<i>Ocular imp, aqueous drain de</i>
<i>C1784</i>	<i>OCULAR DEVICE, INTRAOPERATIVE, DETACHED RETINA</i>	<i>Ocular dev, intraop, det ret</i>
<i>C1785</i>	<i>PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)</i>	<i>Pmkr, dual, rate-resp</i>
<i>C1786</i>	<i>PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)</i>	<i>Pmkr, single, rate-resp</i>
<i>C1787</i>	<i>PATIENT PROGRAMMER, NEUROSTIMULATOR</i>	<i>Patient progr, neurostim</i>
<i>C1788</i>	<i>PORT, INDWELLING (IMPLANTABLE)</i>	<i>Port, indwelling, imp</i>
<i>C1789</i>	<i>PROSTHESIS, BREAST (IMPLANTABLE)</i>	<i>Prosthesis, breast, imp</i>
<i>C1813</i>	<i>PROSTHESIS, PENILE, INFLATABLE</i>	<i>Prosthesis, penile, inflatab</i>
<i>C1814</i>	<i>RETINAL TAMPONADE DEVICE, SILICONE OIL</i>	<i>Retinal tamp, silicone oil</i>
<i>C1815</i>	<i>PROSTHESIS, URINARY SPHINCTER (IMPLANTABLE)</i>	<i>Pros, urinary sph, imp</i>
<i>C1816</i>	<i>RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)</i>	<i>Receiver/transmitter, neuro</i>
<i>C1817</i>	<i>SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC</i>	<i>Septal defect imp sys</i>
<i>C1818</i>	<i>INTEGRATED KERATOPROSTHESIS</i>	<i>Integrated keratoprosthesis</i>
<i>C1819</i>	<i>SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE (IMPLANTABLE)</i>	<i>Tissue localization-excision dev</i>
<i>C1874</i>	<i>STENT, COATED/COVERED, WITH DELIVERY SYSTEM</i>	<i>Stent, coated/cov w/del sys</i>
<i>C1875</i>	<i>STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM</i>	<i>Stent, coated/cov w/o del sy</i>
<i>C1876</i>	<i>STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM</i>	<i>Stent, non-coa/non-cov w/del</i>
<i>C1877</i>	<i>STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM</i>	<i>Stent, non-coat/cov w/o del</i>
<i>C1878</i>	<i>MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC (IMPLANTABLE)</i>	<i>Matrl for vocal cord</i>
<i>C1879</i>	<i>TISSUE MARKER (IMPLANTABLE)</i>	<i>Tissue marker, implantable</i>
<i>C1880</i>	<i>VENA CAVA FILTER</i>	<i>Vena cava filter</i>
<i>C1881</i>	<i>DIALYSIS ACCESS SYSTEM (IMPLANTABLE)</i>	<i>Dialysis access system</i>

<i>Procedure Code</i>	<i>Long Descriptor</i>	<i>Short Description</i>
<i>C1882</i>	<i>CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)</i>	<i>AICD, other than sing/dual</i>
<i>C1883</i>	<i>ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)</i>	<i>Adapt/ext, pacing/neuro lead</i>
<i>C1884</i>	<i>EMBOLIZATION PROTECTIVE SYSTEM</i>	<i>Embolization Protect syst</i>
<i>C1885</i>	<i>CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER</i>	<i>Cath, translumin angio laser</i>
<i>C1887</i>	<i>CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY)</i>	<i>Catheter, guiding</i>
<i>C1888</i>	<i>CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR (IMPLANTABLE)</i>	<i>Endovas non-cardiac abl cath</i>
<i>C1891</i>	<i>INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)</i>	<i>Infusion pump,non-prog, perm</i>
<i>C1892</i>	<i>INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, PEEL-AWAY</i>	<i>Intro/sheath, fixed,peel-away</i>
<i>C1893</i>	<i>INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, OTHER THAN PEEL-AWAY</i>	<i>Intro/sheath, fixed, non-peel</i>
<i>C1894</i>	<i>INTRODUCER/SHEATH, OTHE THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, NON-LASER</i>	<i>Intro/sheath, non-laser</i>
<i>C1895</i>	<i>LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)</i>	<i>Lead, AICD, endo dual coil</i>
<i>C1896</i>	<i>LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE OR DUAL COIL (IMPLANTABLE)</i>	<i>Lead, AICD, non sing/dual</i>
<i>C1897</i>	<i>LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)</i>	<i>Lead, neurostim test kit</i>
<i>C1898</i>	<i>LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS</i>	<i>Lead, pmkr, other than trans</i>
<i>C1899</i>	<i>LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMBINATION (IMPLANTABLE)</i>	<i>Lead, pmkr/AICD combination</i>
<i>C1900</i>	<i>LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM</i>	<i>Lead, coronary venous</i>
<i>C2614</i>	<i>PROBE, PERCUTANEOUS LUMBAR DISCECTOMY</i>	<i>Probe, perc lumb disc</i>

Procedure Code	Long Descriptor	Short Description
C2615	SEALANT, PULMONARY, LIQUID	Sealant, pulmonary, liquid
C2616	BRACHYTHERAPY SOURCE, YTTRIUM-90, PER SOURCE	Brachytx source, Yttrium-90
C2617	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	Stent, non-cor, tem w/o del
C2618	PROBE, CRYOABLATION	Probe, cryoablation
C2619	PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	Pmkr, dual, non rate-resp
C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	Pmkr, single, non rate-resp
C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	Pmkr, other than sing/dual
C2622	PROSTHESIS, PENILE, NON-INFLATABLE	Prosthesis, penile, non-inf
C2625	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM	Stent, non-cor, tem w/del sy
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	Infusion pump, non-prog,temp
C2627	CATHETER, SUPRAPUBIC/CYSTOSCOPIC	Cath, suprapubic/cystoscopic
C2628	CATHETER, OCCLUSION	Catheter, occlusion
C2629	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER	Intro/sheath, laser
C2630	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR MAPPING, COOL-TIP	Cath, EP, cool-tip
C2631	REPAIR DEVICE, URINARY, INCONTINENCE, WITHOUT SLING GRAFT	Rep dev, urinary, w/o sling
C2632	BRACHYTHERAPY SOLUTION, IODINE-125, PER MCI	Brachytx sol, I-125, per mCi
C2633	BRACHYTHERAPY SOURCE, CESIUM-131, PER SOURCE	Brachytx source, Cesium-131
C2634-N	BRACHYTHERAPY SOURCE, HIGH ACTIVITY, IODINE-125, PER SOURCE	Brachytx source, HA, I-125
C2635-N	BRACHYTHERAPY SOURCE, HIGH ACTIVITY, PALADIUM-103, PER SOURCE	Brachytx source, HA, P-103
C2636-N	BRACHYTHERAPY LINEAR SOURCE, PALADIUM-103, PER 1 MM	Brachytx linear source, P-103
C2634	BRACHYTHERAPY SOURCE, HIGH ACTIVITY, IODINE-125, GREATER THAN 1.01 MCI (NIST),PER SOURCE	Brachytx source, HA, I-125

<i>Procedure Code</i>	<i>Long Descriptor</i>	<i>Short Description</i>
C2635	BRACHYTHERAPY SOURCE, HIGH ACTIVITY, PALADIUM-103, GREATER THAN 2.2 MCI (NIST), PER SOURCE	Brachytx source, HA, P-103
C2636	BRACHYTHERAPY LINEAR SOURCE, PALADIUM-103, PER 1 MM	Brachytx linear source, P-103
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	Implant breast silicone/eq
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	Collagen imp urinary 2.5 ml
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	Synthetic implnt urinary 1ml
L8610	OCULAR IMPLANT	Ocular implant
L8612	AQUEOUS SHUNT	Aqueous shunt prosthesis
L8613	OSSICULA IMPLANT	Ossicular implant
L8614	COCHLEAR DEVICE/SYSTEM	Cochlear device/system
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	Replace cochlear processor
L8630	METACARPOPHALANGEAL JOINT IMPLANT	Metacarpophalangeal implant
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARBON), FOR SURGICAL IMPLANTATION (ALL SIZES, INCLUDES ENTIRE SYSTEM)	MCP joint repl 2 pc or more
L8641	METATARSAL JOINT IMPLANT	Metatarsal joint implant
L8642	HALLUX IMPLANT	Hallux implant
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	Interphalangeal joint spacer
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARBON) FOR SURGICAL IMPLANTATION, ANY SIZE	Interphalangeal joint repl
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	Vascular graft, synthetic

<i>Procedure Code</i>	<i>Long Descriptor</i>	<i>Short Description</i>
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	Prosthetic implant NOS

61.2 Edits for Claims on Which Specified Procedures are to be Reported With Device Codes

(Rev. 403, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

Effective for services furnished on or after April 1, 2005, the OCE will return to the provider any claim that reports a HCPCS code for a procedure listed in Table 2 that does not also report at least one device HCPCS code required for that procedure, as specified in Table 2. The hospital will need to modify the claim by either correcting the procedure code or ensuring that one of the required device codes is on the claim before resubmission. While all devices that have device HCPCS codes, and that were used in a given procedure should be reported on the claim, where more than one device code is listed in Table 2 for a given procedure code, only one of the possible device codes is required to be on the claim for payment to be made.

Table 2 - Procedure for Device Code Edits

<i>HCPCS Code for Device-Related Procedure</i>	<i>SI</i>	<i>Short Description</i>	<i>APC</i>	<i>HCPCS Code Applicable to the Device, One of Which is Required on the Claim</i>
36557	T	Insert tunneled cv cath	0032	C1751
36558	T	Insert tunneled cv cath	0032	C1751
36570	T	Insert tunneled cv cath	0032	C1751 C1788
36571	T	Insert tunneled cv cath	0032	C1751 C1788
36581	T	Replace tunneled cv cath	0032	C1751
36585	T	Replace tunneled cv	0032	C1751

<i>HCPCS Code for Device-Related Procedure</i>	<i>SI</i>	<i>Short Description</i>	<i>APC</i>	<i>HCPCS Code Applicable to the Device, One of Which is Required on the Claim</i>
		<i>cath</i>		<i>C1788</i>
<i>36640</i>	<i>T</i>	<i>Insertion catheter, artery</i>	<i>0032</i>	<i>C1751</i>
<i>61885</i>	<i>S</i>	<i>Implant neurostim one array</i>	<i>0039</i>	<i>C1767</i>
<i>35458</i>	<i>T</i>	<i>Repair arterial blockage</i>	<i>0081</i>	<i>C1885 C1725</i>
<i>35459</i>	<i>T</i>	<i>Repair arterial blockage</i>	<i>0081</i>	<i>C1885 C1725</i>
<i>35460</i>	<i>T</i>	<i>Repair venous blockage</i>	<i>0081</i>	<i>C1885 C1725</i>
<i>35470</i>	<i>T</i>	<i>Repair arterial blockage</i>	<i>0081</i>	<i>C1885 C1725</i>
<i>35471</i>	<i>T</i>	<i>Repair arterial blockage</i>	<i>0081</i>	<i>C1885 C1725</i>
<i>35472</i>	<i>T</i>	<i>Repair arterial blockage</i>	<i>0081</i>	<i>C1885 C1725</i>
<i>35473</i>	<i>T</i>	<i>Repair arterial blockage</i>	<i>0081</i>	<i>C1885 C1725</i>
<i>35474</i>	<i>T</i>	<i>Repair arterial blockage</i>	<i>0081</i>	<i>C1885 C1725</i>
<i>35475</i>	<i>T</i>	<i>Repair arterial blockage</i>	<i>0081</i>	<i>C1885 C1725</i>
<i>35476</i>	<i>T</i>	<i>Repair venous blockage</i>	<i>0081</i>	<i>C1885 C1725</i>

<i>HCPCS Code for Device-Related Procedure</i>	<i>SI</i>	<i>Short Description</i>	<i>APC</i>	<i>HCPCS Code Applicable to the Device, One of Which is Required on the Claim</i>
35484	T	Atherectomy, open	0081	C1714 C1724
35485	T	Atherectomy, open	0081	C1714 C1724
35490	T	Atherectomy, percutaneous	0081	C1714 C1724
35491	T	Atherectomy, percutaneous	0081	C1714 C1724
35492	T	Atherectomy, percutaneous	0081	C1714 C1724
35493	T	Atherectomy, percutaneous	0081	C1714 C1724
35494	T	Atherectomy, percutaneous	0081	C1714 C1724
35495	T	Atherectomy, percutaneous	0081	C1714 C1724
61626	T	Transcath occlusion, non-cns	0081	C2628 C1887
92997	T	Pul art balloon repr, percut	0081	C1885 C1725
92998	T	Pul art balloon repr, percut	0081	C1885 C1725
92995	T	Coronary atherectomy	0082	C1714 C1724
92996	T	Coronary atherectomy add-on	0082	C1714 C1724

<i>HCPCS Code for Device-Related Procedure</i>	<i>SI</i>	<i>Short Description</i>	<i>APC</i>	<i>HCPCS Code Applicable to the Device, One of Which is Required on the Claim</i>
92982	T	Coronary artery dilation	0083	C1725 C1885
92984	T	Coronary artery dilation	0083	C1725 C1885
93600	T	Bundle of His recording	0087	C1730 C1731 C1733 C1766 C1892 C1893 C1732 C1894
93602	T	Intra-atrial recording	0087	C1730 C1731 C1733 C1766 C1892 C1893 C1732 C1894
93603	T	Right ventricular recording	0087	C1730 C1731 C1733 C1766 C1892 C1893 C1732 C1894
93609	T	Map tachycardia, add-on	0087	C1730 C1731 C1733

<i>HCPCS Code for Device-Related Procedure</i>	<i>SI</i>	<i>Short Description</i>	<i>APC</i>	<i>HCPCS Code Applicable to the Device, One of Which is Required on the Claim</i>
93610	T	Intra-atrial pacing	0087	C1730 C1731 C1733 C1766 C1892 C1893 C1732 C1894
93612	T	Intraventricular pacing	0087	C1730 C1731 C1733 C1766 C1892 C1893 C1732 C1894
93613	T	Electrophys map 3d, add-on	0087	C1732
93615	T	Esophageal recording	0087	C1730 C1731 C1733 C1766 C1892 C1893 C1732 C1894

<i>HCPCS Code for Device-Related Procedure</i>	<i>SI</i>	<i>Short Description</i>	<i>APC</i>	<i>HCPCS Code Applicable to the Device, One of Which is Required on the Claim</i>
93616	T	Esophageal recording	0087	C1730 C1731 C1733 C1766 C1892 C1893 C1732 C1894
93618	T	Heart rhythm pacing	0087	C1730 C1731 C1733 C1766 C1892 C1893 C1732 C1894
93623	T	Stimulation, pacing heart	0087	C1730 C1731 C1733 C1766 C1892 C1893 C1732 C1894
93631	T	Heart pacing, mapping	0087	C1730 C1731 C1733 C1766 C1892 C1893 C1732 C1894
33212	T	Insertion of pulse	0090	C1786

<i>HCPCS Code for Device-Related Procedure</i>	<i>SI</i>	<i>Short Description</i>	<i>APC</i>	<i>HCPCS Code Applicable to the Device, One of Which is Required on the Claim</i>
		<i>generator</i>		<i>C2620</i>
<i>33211</i>	<i>T</i>	<i>Insertion of heart electrode</i>	<i>0106</i>	<i>C1779</i>
<i>33216</i>	<i>T</i>	<i>Revise eltrd pacing-defib</i>	<i>0106</i>	<i>C1779 C1777 C1895 C1896 C1899</i>
<i>33217</i>	<i>T</i>	<i>Insert lead pace-defib, dual</i>	<i>0106</i>	<i>C1779 C1777 C1895 C1896 C1899</i>
<i>G0297</i>	<i>T</i>	<i>Insert single chamber/cd</i>	<i>0107</i>	<i>C1722 C1882</i>
<i>G0298</i>	<i>T</i>	<i>Insert dual chamber/cd</i>	<i>0107</i>	<i>C1721 C1882</i>
<i>G0299</i>	<i>T</i>	<i>Inser/repos single icd+leads</i>	<i>0108</i>	<i>C1722 C1882</i>
<i>G0300</i>	<i>T</i>	<i>Insert reposit lead dual+gen</i>	<i>0108</i>	<i>C1721 C1882</i>
<i>36260</i>	<i>T</i>	<i>Insertion of infusion pump</i>	<i>0119</i>	<i>C1772 C1891 C2626</i>
<i>36563</i>	<i>T</i>	<i>Insert tunneled cv cath</i>	<i>0119</i>	<i>C1772 C1891 C2626</i>
<i>36583</i>	<i>T</i>	<i>Replace tunneled cv</i>	<i>0119</i>	<i>C1772</i>

<i>HCPCS Code for Device-Related Procedure</i>	<i>SI</i>	<i>Short Description</i>	<i>APC</i>	<i>HCPCS Code Applicable to the Device, One of Which is Required on the Claim</i>
		<i>cath</i>		<i>C1891 C2626</i>
<i>63685</i>	<i>T</i>	<i>Implant neuroreceiver</i>	<i>0222</i>	<i>C1767</i>
<i>64590</i>	<i>T</i>	<i>Implant neuroreceiver</i>	<i>0222</i>	<i>C1767</i>
<i>61886</i>	<i>T</i>	<i>Implant neurostim arrays</i>	<i>0315</i>	<i>C1767</i>
<i>43256</i>	<i>T</i>	<i>Uppr gi endoscopy w stent</i>	<i>0384</i>	<i>C2617 C2625 C1874 C1875 C1876 C1877</i>
<i>44370</i>	<i>T</i>	<i>Small bowel endoscopy/stent</i>	<i>0384</i>	<i>C2617 C2625 C1874 C1875 C1876 C1877</i>
<i>44379</i>	<i>T</i>	<i>S bowel endoscope w/stent</i>	<i>0384</i>	<i>C2617 C2625 C1874 C1875 C1876 C1877</i>
<i>44383</i>	<i>T</i>	<i>Ileoscopy w/stent</i>	<i>0384</i>	<i>C2617 C2625 C1874 C1875 C1876</i>

<i>HCPCS Code for Device-Related Procedure</i>	<i>SI</i>	<i>Short Description</i>	<i>APC</i>	<i>HCPCS Code Applicable to the Device, One of Which is Required on the Claim</i>
				<i>C1877</i>
<i>44397</i>	<i>T</i>	<i>Colonoscopy w/stent</i>	<i>0384</i>	<i>C2617 C2625 C1874 C1875 C1876 C1877</i>
<i>45327</i>	<i>T</i>	<i>Proctosigmoidoscopy w/stent</i>	<i>0384</i>	<i>C2617 C2625 C1874 C1875 C1876 C1877</i>
<i>45345</i>	<i>T</i>	<i>Sigmoidoscopy w/stent</i>	<i>0384</i>	<i>C2617 C2625 C1874 C1875 C1876 C1877</i>
<i>45387</i>	<i>T</i>	<i>Colonoscopy w/stent</i>	<i>0384</i>	<i>C2617 C2625 C1874 C1875 C1876 C1877</i>
<i>33224</i>	<i>T</i>	<i>Insert pacing lead & connect</i>	<i>0418</i>	<i>C1900</i>
<i>55873</i>	<i>T</i>	<i>Cryoablate prostate</i>	<i>0674</i>	<i>C2618</i>

<i>HCPCS Code for Device-Related Procedure</i>	<i>SI</i>	<i>Short Description</i>	<i>APC</i>	<i>HCPCS Code Applicable to the Device, One of Which is Required on the Claim</i>
33225	S	L ventricular pacing lead add-on	1525	C1900